SAMPLE 2: Great Start Readiness Program (GSRP) K-2 Follow-up Form

| School District/PSA: | | | | | | | | | | Elementary School: | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------|-----------|------------|-------------------------------------------------------------|-----|-------|-----------------------------------|---------|-------------------------|-----------------------------|-----------------------------------------|----------------------------------|---------------------------------------|------------------------------------------|-------------------|--|
| GSRP grantees are required by the Michigan Department of Education to follow progress of all children who have participated in the program. Completion of this form assists in program evaluation. | | | | | | | | | | ent: | D.O.B. | | | | | | |
| Student Information | | | | | | | | | | Parent Information | | | | | ation | | |
| Early Elementary Follow-up | | CHILD DEVLEOPMENT 1=Emergent skills 2=Mastery of expected skills | | | ACHIEVEMENT 1=Below grade 2=At grade 3=Above grade | | | SPECIAL SERVICES Y=Yes N=No | | | Number of Days Absent | Before or After School Care | Attend P/T Confs. (Y/N) | Volunteer In Classroom (Y/N) | Active in School Orgs. (Y/N) | Teacher Signature | |
| School Year | Grade | Social | Emotional | Initiative | Math | Rdg | Motor | Rdg. | Sp./Lng | Other Spec. Educ. | | (Y/N) | | | (.,, | | |
| | K | | | | | | | | | | | | | | | | |
| | 1 | | | | | | | | | | | | | | | | |
| | 2 | | | | | | | | | | | | | | | | |